

State of Minnesota

District Court

County of

Judicial District:	
Court File Number:	
Assigned Judge:	
Case Type:	Dissolution with Children

In Re the Marriage of:

Name of Petitioner (first, middle, last)

and

Name of Respondent (first, middle, last)

**Findings of Fact, Conclusions
of Law, Order for Judgment,
Judgment and Decree**

A. This proceeding for dissolution of marriage came before the undersigned judge of district court on _____ (date) at _____ (location) in the State of Minnesota. Petitioner ☐ did ☐ did not appear. Respondent ☐ did ☐ did not appear. _____ appeared as attorney for _____.

B. Petitioner ☐ is NOT represented by an attorney OR
Petitioner ☐ is represented by the following attorney: _____.

C. Respondent ☐ is NOT represented by an attorney OR
Respondent ☐ is represented by the following attorney: _____.

D. Service of the *Summons and Petition for Dissolution of Marriage*:

☐ Respondent was personally served on _____, _____. **OR**

☐ Respondent signed an *Admission of Service* on _____, _____. **OR**

☐ Respondent was served by alternate means as ordered by the court as follows:

☐ By mailing the *Summons and Petition* to Respondent at the address(es) stated in the *Order for Service by Alternate Means* on this date: _____

☐ By publication of the *Summons* in _____ newspaper for 3 consecutive weeks, once each week, on the following 3 dates: _____, _____, and _____.

E. Petitioner was served with an *Answer and Counter-Petition*: ☐ YES ☐ NO

If YES, Petitioner was served with the *Answer and Counter-Petition* on _____
Month Day Year

F. Respondent did not respond, so Petitioner proceeded by default.

(Note: If the parties reached an agreement, use the *Stipulated Findings of Fact, Conclusions of Law, Order for Judgment, Judgment and Decree.*)

Findings of Fact

1. Information about Petitioner

Full Name: _____
First Middle Last

Address: _____
Street Address Apt. No.

City County State Zip Code

Mailing address: ☐ Same as above address OR

Street Address Apt. No.

City County State Zip Code

Date of Birth: _____
Month Day Year

List all of Petitioner's former or other names or write "None":

First Middle Last

First Middle Last

Petitioner's social security number is listed on Confidential Form 11.1 and submitted along with the Petition.

2. Information about Respondent

Full Name: _____
First Middle Last

Address: _____
Street Address Apt. No.

City County State Zip Code

☐ Respondent's address is unknown.

Date of Birth: _____
Month Day Year

List all of Respondent's former or other names or write "None":

First Middle Last

First Middle Last

Respondent's social security number is listed on Confidential Form 11.1 and submitted along with the Petition.

3. Our Marriage

Petitioner and Respondent were married on: (month, day, year) _____
in the City of _____, County of _____,
State of _____, Country of _____

4. 180 Day Requirement

Petitioner has been living in Minnesota for the past six (6) months. ☐ YES ☐ NO

Respondent has been living in Minnesota for the past six (6) months

☐ YES ☐ NO ☐ UNKNOWN

Petitioner and Respondent were married in Minnesota, but neither Petitioner nor Respondent reside in Minnesota, nor reside in a jurisdiction that will allow an action for dissolution because of the sex or sexual orientation of the Petitioner and Respondent.

☐ YES ☐ NO

5. Armed Forces

Petitioner is an active duty member of the armed forces. ☐ YES ☐ NO

If YES, has Petitioner been stationed in Minnesota for the past six (6) months?

☐ YES ☐ NO

Respondent is an active duty member of the armed forces.

☐ YES ☐ NO ☐ UNKNOWN

If YES, has Respondent been stationed in Minnesota for the past (6) months? ☐ YES

☐ NO

6. Marriage Cannot be Saved

There has been an irretrievable breakdown of the marriage relationship and the marriage between Petitioner and Respondent cannot be saved.

7. Physical Living Situation

The Petitioner and Respondent live together at this time. ☐ YES ☐ NO

If **NO**, the date of separation was: _____.

Month Day Year

If **YES**, Petitioner and Respondent are living together at this time because: _____

8. Other Proceedings

a. A separate court case for marriage dissolution, legal separation, custody, paternity or annulment already been started by Petitioner or Respondent in Minnesota or elsewhere.

☐ YES ☐ NO If YES, the type of court case is: _____

_____, and it was started in _____ County in the State of _____ and the Court file number is _____, and the status or outcome of the case is:

☐ Open ☐ Closed ☐ Unknown or ☐ _____

b. The County has started a Support case involving the Petitioner and the Respondent or their children. ☐ YES ☐ NO If YES, the case was started in

_____ County in the State of _____ and the Court file number is _____.

The case is ☐ Dismissed or ☐ Pending or ☐ an Order for Support was issued.

9. Protection or Harassment Order

Is an *Order for Protection* or a *Harassment/Restraining Order* in effect regarding Petitioner and Respondent? ☐ YES ☐ NO

If YES:

a. The *Order* protects: ☐ Petitioner ☐ Respondent ☐ the child(ren) and the *Order* was filed in _____ County in _____ State on _____ date, and the Court file number is _____

b. The *Order for Protection* include an order to pay child support. ☐ YES ☐ NO

10. Child Protection Court Case

There is a Child Protection court case involving the parties' joint child(ren) taking place in Minnesota or another state. ☐ YES ☐ NO

If YES, the case is in _____ County in the State of _____ and the Court file number is _____. The name of the child or children involved in the Child Protection Court case is: _____

11. Children Petitioner and Respondent have Together (Joint Children)

a. Are there any children born to or adopted by Petitioner and Respondent together, either before or during the marriage? ☐ YES ☐ NO If YES,

Full Name of Child	Date of Birth	Age	Child Currently Lives With
			<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents OR <input type="checkbox"/> _____ (write in name)
			<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents OR <input type="checkbox"/> _____ (write in name)
			<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents OR <input type="checkbox"/> _____ (write in name)
			<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents OR <input type="checkbox"/> _____ (write in name)
			<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Both parents OR <input type="checkbox"/> _____ (write in name)

If a child is living with someone other than a parent, write the child's address below:
Address:

Street Address			Apt. No.
City	County	State	Zip Code

b. Has each child born to or adopted by Petitioner and Respondent together lived in Minnesota for the past six (6) months? ☐ YES ☐ NO

If **NO**, name the child or children, name the State(s) the child has lived in during the past 6 months, and the dates the child lived in each state: _____

12. Adult Dependent Children

Support can be ordered for a joint child over age 18 who cannot support him/herself because of a physical or mental condition.

Is there an adult joint child born to or adopted by Petitioner and Respondent who is not able to support himself or herself because of a physical or mental condition? ☐ YES ☐ NO

If **YES**, the full name, date of birth and age of each adult dependent is:

Full Name of Dependent	Date of Birth	Age

13. Pregnancy

a. ☐ Petitioner is pregnant.

b. If Petitioner is pregnant answer (i) and (ii):

(i) The date the baby is due is _____
Month Day Year

(ii) Do Petitioner and Respondent agree that the spouse is the biological father of the unborn child? ☐ YES ☐ NO

If NO, ☐ Petitioner ☐ Respondent claims husband is not the biological father of the child.

c. Respondent is Pregnant. ☐ YES ☐ NO ☐ UNKNOWN

d. If Respondent is pregnant answer (i) and (ii):

(i) The date the baby is due is _____

Month Day Year

(ii) Do Petitioner and Respondent agree that the spouse is the biological father of the unborn child? ☐ YES ☐ NO

If NO, ☐ Petitioner ☐ Respondent claims husband is not the biological father of the child.

14. Petitioner's Children from Other Relationship (Non-Joint Children)

a. Does Petitioner have minor child(ren) *born prior to the marriage* from another marriage or relationship? ☐ YES ☐ NO

If YES, the full name, date of birth and age of each child is:

Full Name of Child and Age	Date of Birth	Does Child Live with Petitioner?	Is Petitioner Court-Ordered to pay Child Support for this Child?
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

b. Has Petitioner given birth, *since marrying Respondent*, to a minor child who is not a child of the Respondent? ☐ YES ☐ NO

If YES, answer (i) , (ii), (iii) and (iv):

(i) List the full name, date of birth and age of each child born to Petitioner since marrying Respondent, who is not a child of the Respondent:

Full Name of Child and Age	Date of Birth	Does Child Live with Petitioner?	Is Petitioner Court-Ordered to pay Child Support for this Child?
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

(ii) Is there a Court Order naming someone other than the Respondent as the father of the child(ren) listed in (i) above? ☐ YES ☐ NO

If **YES**, attach a copy of the Order. The Order is for: _____
Full Name of Child(ren)

(iii) Have the Petitioner and biological Father signed a Minnesota Recognition of Parentage for any of the children listed in (i) above? ☐ YES ☐ NO

(iv) Has the Respondent signed the "Husband's Non-Paternity Statement" for any of the children listed at (i) above? ☐ YES ☐ NO

If **YES**, state the name of the child: _____ and

submit a copy of the "Husband's Non-Paternity Statement."

If **NO**, why not? _____

15. Respondent's Children from Other Relationship (Nonjoint Children)

a. Does Respondent have minor child(ren) *born prior to the marriage* from another marriage or relationship? ☐ YES ☐ NO

If **YES**, the full name, date of birth and age of each child *born prior to the marriage* is:

Full Name of Child and Age	Date of Birth	Does Child Live with Respondent?	Is Respondent Court-Ordered to pay Child Support for this Child?
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

b. Has Respondent given birth, *since marrying Petitioner*, to a minor child who is not a child of the Petitioner? ☐ YES ☐ NO

If **YES**, answer (i) , (ii), (iii) and (iv):

(i) List the full name, date of birth and age of each child born to Respondent since marrying Petitioner, who is not a child of the Petitioner:

Full Name of Child and Age	Date of Birth	Does Child Live with Respondent?	Is Respondent Court-Ordered to pay Child Support for this Child?
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	--	--	--

- (ii) Is there a Court Order naming someone other than the Petitioner as the father of the child(ren) listed in (i) above? ☐ YES ☐ NO

If **YES**, attach a copy of the Order. The Order is for: _____
Full Name of Child(ren)

- (iii) Have the Respondent and biological Father signed a Minnesota Recognition of Parentage for any of the children listed in (i) above? ☐ YES ☐ NO

If **YES**, state the full name of the child: _____

and submit a copy of the Recognition of Parentage.

If **NO**, why not? _____

- (iv) Has the Petitioner signed the "Husband's Non-Paternity Statement" for any of the children listed at (i) above? ☐ YES ☐ NO

If **YES**, state the name of the child: _____

and **submit a copy of the "Husband's Non-Paternity Statement."**

If **NO**, why not? _____

16. Custody

It is in the child's best interests and we agree that legal custody be granted as follows:
(check one)

☐ Joint legal custody to both parents

☐ Sole legal custody to ☐ Petitioner ☐ Respondent

It is in the child's best interests and we agree that physical custody be granted as follows:
(check one)

☐ Joint physical custody to both parents

☐ Sole physical custody to ☐ Petitioner ☐ Respondent

17. Parenting Time

a. It is in the best interests of the children that:

Petitioner's parenting time with the joint children be: (check one)

☐ unsupervised ☐ supervised ☐ reserved

Respondent's parenting time with the joint children be: (check one)

☐ unsupervised ☐ supervised ☐ reserved

If parenting time is unsupervised for both parents, skip to Question 18.

b. Supervision is necessary because unsupervised parenting time is likely to endanger the child's physical or emotional health or impair the child's emotional development. The circumstances supporting this finding are: _____

c. It is in the best interests of the child(ren) that supervision of parenting time be arranged as follows: (State who should supervise parenting time, and if there is a cost involved, who should pay the cost, and any other important details) _____

d. Parenting time should be reserved because: _____

18. Public Assistance from State of Minnesota

If either party is receiving public assistance from the State of Minnesota or applies for it after this proceeding is started, the Petitioner must give notice of this marriage dissolution action to the Support and Collections office for the county paying the assistance.

a. Petitioner receives public assistance from the State of Minnesota. ☐ YES ☐ NO

If **YES**, the assistance is from _____ County. (Check all that apply):

☐ MFIP in the amount of \$ _____ per month

- ☐ Tribal TANF in the amount of \$_____per month
- ☐ General Assistance in the amount of \$_____per month
- ☐ Child Care Assistance ☐ MinnesotaCare ☐ Medical Assistance

b. Respondent receives public assistance from the State of Minnesota.

- ☐ YES ☐ NO ☐ UNKNOWN

If **YES**, the assistance is from _____ County. (Check all that apply):

- ☐ MFIP in the amount of \$_____per month
- ☐ Tribal TANF in the amount of \$_____per month
- ☐ General Assistance in the amount of \$_____per month
- ☐ Child Care Assistance ☐ MinnesotaCare ☐ Medical Assistance

c. The joint children of the parties receive public assistance from the State of Minnesota.

- ☐ YES ☐ NO ☐ UNKNOWN

If **YES**, the assistance is from _____ County. (Check all that apply):

- ☐ MFIP ☐ Medical Assistance ☐ Tribal TANF ☐ MinnesotaCare
- ☐ IV-E Foster Care

19. Supplemental Security Income (SSI)

Supplemental Security Income (SSI) is a Federal income supplement program. It is available to low-income people if they are over age 65, or blind, or disabled.

- a. Petitioner receives Supplemental Security Income (SSI). ☐ NO ☐ YES in the amount of \$_____per month.
- b. Respondent receives Supplemental Security Income (SSI)? ☐ NO ☐ YES in the amount of \$_____per month.
- c. The joint children of the parties receive Supplemental Security Income (SSI).
☐ NO ☐ YES in the amount of \$_____per month. What is the name of the child receiving SSI?_____

20. School

Petitioner is currently enrolled in school. ☐ YES ☐ NO If Yes:

- a. The name of the school is _____.
- b. The type of school is ☐ High School ☐ College ☐ Vocational ☐ Other
- c. The type of degree expected is _____and the expected graduation date is _____.

Respondent is currently enrolled in school. ☐ YES ☐ NO ☐ UNKNOWN If Yes:

- a. The name of the school is _____
- b. The type of school is ☐ High School ☐ College ☐ Vocational ☐ Other
- c. The type of degree expected is _____ and the expected graduation date is _____.

21. Petitioner's Employment

- a. Petitioner is employed. ☐ YES ☐ NO
- b. Petitioner is self-employed. ☐ YES ☐ NO
- c. Petitioner is working at least 40 hours per week. ☐ YES ☐ NO

If Petitioner is unemployed or working less than 40 hours/week, answer these questions:

- i. Why is Petitioner unemployed or working less than 40 hours/week. _____

- ii. What is Petitioner's past work experience (type of jobs, hours, pay, length of time at the job) and what are Petitioner's professional qualifications or licenses? _____

- d. Current Employment: (If Petitioner has more than two jobs at this time, use an attachment for the additional jobs.)

Name of Petitioner's Employer (If Self-Employed, list name and business address)

Employer's Street Address

City State Zip Code

Name of Petitioner's Employer (If Self-Employed, list name and business address)

Employer's Street Address

City

State

Zip Code

Questions about Current Jobs	1 st Job	2 nd Job
Is Petitioner paid by the hour or salaried?	<input type="checkbox"/> hourly <input type="checkbox"/> salary	<input type="checkbox"/> hourly <input type="checkbox"/> salary
What is the average number of hours Petitioner works per week?	_____ hours	_____ hours
How much overtime pay does Petitioner receive per week on average?	\$ _____	\$ _____
Does Petitioner receive bonuses? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how much was received in bonuses last year? \$ _____ How much do you expect to receive this year? \$ _____	If Yes, how much was received in bonuses last year? \$ _____ How much do you expect to receive this year? \$ _____

22. Petitioner's Income

Source of Income

Amount Per Month (or zero) before deductions/taxes

Self Employment Income \$ _____ per month

Self Employment income means gross receipts minus costs of goods sold
minus ordinary and necessary business expenses.

Job with _____ \$ _____ per month

Monthly income from a job = Hourly wage x Hours worked per week x 4.33 (weeks per month)

Second Job with _____ \$ _____ per month

Third Job with _____ \$ _____ per month

Commissions from all jobs \$ _____ per month

Divide the total amount you expect this year by 12 to get a monthly average

Unemployment benefits \$ _____ per month

Social Security Retirement, Survivors or Disability

Income (RSDI) (do not include SSI) \$ _____ per month

Investment and Rental Income \$ _____ per month

Annuity payments \$ _____ per month

Pension or Disability from work or military \$ _____ per month

Worker's Compensation \$ _____ per month

Court-ordered spousal maintenance you receive \$ _____ per month

Other income _____ \$ _____ per month
Identify Source

Add all of the above. Total monthly income \$ _____ per month

Enter the amount of child support Petitioner is court-ordered
to pay for any nonjoint child(ren) \$ _____ per month

Enter the amount of spousal maintenance Petitioner is court-ordered
to pay to a current or former spouse \$ _____ per month

Enter the amount of Social Security or Veteran's Benefits received by a joint child
because of Petitioner's retirement, disability, or other eligibility \$ _____ per month

Which parent receives the payment for the child?

☐ Petitioner ☐ Respondent

23. Living Expenses for the Family

☐ a. Petitioner and Respondent and their children are still living together. Current monthly
living expenses for the family total \$ _____

OR

☐ b. Petitioner and Respondent are living separately. The monthly family living expenses
before separation totaled \$ _____. At this time, Petitioner's separate
monthly living expenses total \$ _____, and Respondent's monthly living expenses
total \$ _____ or ☐ are UNKNOWN. Of the total current monthly living
expenses for Petitioner, \$ _____ amount is for expenses just for the children
that live with Petitioner. Of the total current monthly living expenses for Respondent,
\$ _____ is for expenses just for the children that live with Respondent, or ☐ this
is UNKNOWN.

24. Expenses for Special Needs for the Children

- a. Is there a child of the parties who has special needs and extraordinary medical
expenses? ☐ YES ☐ NO If Yes,
Name of child with special needs: _____

Describe the needs: _____

- b. Does Petitioner's monthly living expense (stated at #23) include the special needs expenses for the child? ☐ YES ☐ NO
- c. Does Respondent's monthly living expense (stated at #23) include the special needs expenses for the child? ☐ YES ☐ NO

25. Respondent's Employment

- a. Respondent is employed. ☐ YES ☐ NO ☐ UNKNOWN
- b. Respondent is self-employed. ☐ YES ☐ NO ☐ UNKNOWN
- c. Respondent is working at least 40 hours per week. ☐ YES ☐ NO ☐ UNKNOWN

If Respondent is unemployed or works less than 40 hours/week, answer these questions:

- i. Explain why Respondent is not working or why Respondent works less than 40 hours/week _____

- ii. What is Respondent's past work experience (type of jobs, hours, pay, length of time at the job) and professional qualifications or licenses? _____

- d. Current Employment: (If Respondent has more than two jobs at this time, use an attachment for the additional jobs.)

Name of Respondent's Employer (If Self-Employed list name and business address)

Employer's Street Address

City State Zip Code

Name of Respondent's Employer (If Self-Employed list name and business address)

Employer's Street Address

City

State

Zip Code

Questions about Jobs	1 st Job	2 nd Job
Is Respondent paid by the hour or salaried?	<input type="checkbox"/> hourly <input type="checkbox"/> salary <input type="checkbox"/> Unknown	<input type="checkbox"/> hourly <input type="checkbox"/> salary <input type="checkbox"/> Unknown
What is the average number of hours Respondent works per week?	_____ hours <input type="checkbox"/> Unknown	_____ hours <input type="checkbox"/> Unknown
How much overtime pay does Respondent receive per week on average?	\$ _____ <input type="checkbox"/> Unknown	\$ _____ <input type="checkbox"/> Unknown
Does Respondent receive bonuses? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If Yes, how much did Respondent receive in bonuses last year? \$ _____ How much does Respondent expect to receive this year? \$ _____	If Yes, how much did Respondent receive in bonuses last year? \$ _____ How much does Respondent expect to receive this year? \$ _____

26. Respondent's Income

Sources of Income

Amount Per Month (or zero) **before deductions/taxes**

Self Employment Income \$ _____ (or zero)

Self Employment Income means gross receipts minus costs of goods sold minus ordinary and necessary business expenses.

Job with _____ \$ _____ per month

Monthly income from a job = Hourly wage x Hours worked per week x 4.33 (weeks per month)

Second job with _____ \$ _____ per month

Commissions from all jobs \$ _____ per month

Divide the total amount expected this year by 12 to get a monthly average

Unemployment benefits \$ _____ per month

Social Security Retirement, Survivors or Disability Income (RSDI)

(do not include SSI) \$ _____ per month

Investment and Rental Income \$ _____ per month

Annuity payments \$ _____ per month

Pension or Disability from work or military \$ _____ per month

Worker's Compensation \$ _____ per month

Court-ordered spousal maintenance received
by Respondent \$_____per month

Other income_____per month
Identify Source

Add all of the above. Total monthly income \$_____per month

Enter the amount of child support Respondent is court-ordered to
pay for any nonjoint child(ren) \$_____per month

Enter the amount of spousal maintenance Respondent is court-ordered
to pay to a current or former spouse \$_____per month

Enter the amount of Social Security or Veteran's Benefits provided to a joint child
because of Respondent's retirement, disability, or other eligibility
\$_____per month

Which parent receives the payment for the child?
☐Petitioner ☐Respondent

OR

☐ The Court does not have detailed information about Respondent's income, but
finds that Respondent's pay is \$_____per ☐ week ☐ month ☐ year,
with bonuses, overtime or commissions in the additional amount of
\$_____per ☐ week ☐ month ☐ year. This is Respondent's ☐ Net
Income (after taxes and deductions) or ☐ Gross Income (before taxes and
deductions.)

OR

27. Child Care Costs

Are there child care costs for joint children because of work or school?

☐YES ☐ NO ☐UNKNOWN

If YES,

a. How many of the joint children need child care? ☐One ☐ Two ☐ Three ☐ _____

- b. How much does the daycare center(s) or babysitter charge per month? \$_____
- c. Who pays the child care costs?

Petitioner pays \$_____per month

Respondent pays \$_____per month

The County pays \$_____per month through a subsidy or child care assistance.

If the County pays, who applied for the child care assistance?

☐Petitioner ☐ Respondent ☐There is no county assistance

28. Health Care Coverage

- a. Who receives Minnesota Care or Medical Assistance?

☐ Petitioner ☐ Respondent ☐ Joint Children ☐ No one

- b. Does Petitioner have medical insurance? (other than MN Care or Medical Assistance)

☐ Yes ☐ No. If no, skip to c.

- i. Where does Petitioner get the medical insurance?

☐ through his/her employment

☐ buys private medical insurance

- ii. How much does the medical insurance cost?

\$_____per month for single coverage

\$_____per month for single plus spouse (if this is offered)

\$_____per month for family coverage

- iii. Who is currently covered by this medical insurance?

☐ Petitioner ☐ Respondent ☐ All the Joint Children ☐ Some of the Joint

Children: Name the joint children who are covered_____

☐ Nonjoint children

- c. Does Petitioner have dental insurance? (other than MN Care or Medical Assistance)

☐ Yes ☐ No. If no, skip to d.

- i. Where does Petitioner get the dental insurance?

☐ through his/her employment

☐ buys private dental insurance

- ii. How much does the dental insurance cost?

\$_____per month for single coverage

\$_____per month for single plus spouse (if this is offered)

\$_____per month for family coverage

Or, ☐ Dental is included in the medical insurance costs.

iii. Who is currently covered by this dental insurance?

☐ Petitioner ☐ Respondent ☐ All the Joint Children ☐ Some of the Joint

Children: Name the joint children who are covered_____

☐ Nonjoint children

d. Does Respondent have medical insurance? (other than MN Care or Medical Assistance)

☐ Yes ☐ No ☐ Unknown. If No/ Unknown, skip to e.

i. Where does Respondent get the medical insurance?

☐ through his/her employment

☐ buys private medical insurance

ii. How much does the medical insurance cost?

\$_____per month for single coverage

\$_____per month for single plus spouse (if this is offered)

\$_____per month for family coverage

iii. Who is currently covered by this medical insurance?

☐ Petitioner ☐ Respondent ☐ All the Joint Children ☐ Some of the Joint

Children: Name the joint children who are covered_____

☐ Nonjoint children

e. Does Respondent have dental insurance? (other than MN Care or Medical Assistance)

☐ Yes ☐ No ☐ Unknown If No/ Unknown skip to f.

i. Where does Respondent get the dental insurance?

☐ through his/her employment

☐ buys private dental insurance

ii. How much does the dental insurance cost?

\$_____per month for single coverage

\$_____per month for single plus spouse (if this is offered)

\$_____per month for family coverage

Or, ☐ Dental is included in the medical insurance costs.

iii. Who is currently covered by this dental insurance?

☐ Petitioner ☐ Respondent ☐ All the Joint Children ☐ Some of the Joint

Children: Name the joint children who are covered _____

☐ Nonjoint children

f. If the joint children are without health care coverage, is coverage available for purchase through Petitioner's or Respondent's employer? ☐ YES ☐ NO ☐ The children currently have health coverage

g. Other: _____

29. Spousal Maintenance

☐ Petitioner and Respondent can each pay their own living expenses and do not need spousal maintenance at this time, or in the future.

☐ Petitioner or Respondent may need spousal maintenance in the future. The court should reserve maintenance to allow either party to ask for spousal maintenance in the future because: (explain why you want to do this) _____

☐ Petitioner needs spousal maintenance from Respondent now. Petitioner is _____ years of age, Petitioner and Respondent have been married for _____ years. Petitioner has the following education: _____. Petitioner's gross monthly income totals \$ _____, Petitioner's monthly expenses total \$ _____ and Petitioner is not able to maintain the standard of living established during the marriage because: _____

Respondent has the ability to pay Petitioner \$ _____ per month for spousal maintenance.

☐ Respondent needs spousal maintenance from Petitioner now. Respondent is _____ years of age, Petitioner and Respondent have been married for _____ years. Respondent has the following education: _____ Respondent's gross monthly income totals \$_____. Respondent's monthly expenses total \$_____, and Respondent is not able to maintain the standard of living established during the marriage because: _____

Petitioner has the ability to pay Respondent \$_____ per month for spousal maintenance.

30. Vehicles

Vehicles are cars, trucks, boats, motorcycles, snowmobiles, personal watercraft, all terrain vehicles etc. owned by husband or wife together or separately, including vehicles purchased after separation:

Does Petitioner own a vehicle? ☐ YES ☐ NO

Does Respondent own a vehicle? ☐ YES ☐ NO ☐ UNKNOWN

List all vehicles owned by Petitioner or Respondent together or separately:

Type of Vehicle (car, boat, truck etc.)	Year/Make/Model	Name(s) on Title	Value	Balance Owed	Monthly Payment
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

31. Marital Property

Marital property means almost anything that you or your spouse now own that was received or bought during the marriage, even during the times you were separated. Marital Property includes household goods, furniture, jewelry, boats, real estate and other things. Marital property does *not* include a gift or inheritance received by one spouse *alone*.

Has the marital property been divided already in a manner satisfactory to Petitioner and Respondent? ☐ YES ☐ NO

If **NO**, Petitioner requests the following marital property: _____

If **NO**, Respondent requests the following marital property: _____

32. Non-Marital Property

Non-marital property means: (1) anything that you or your spouse owned before the marriage; (2) anything that you or your spouse received as a gift, bequest, devise, or inheritance, *to you or your spouse alone*; (3) anything that you or your spouse got in trade or in exchange for your non-marital property; (4) anything that is an increase in the value of non-marital property; (5) anything you or your spouse received after the valuation date set by the court; or (6) anything defined as non-marital property by a valid antenuptial contract.

a. Does Petitioner have non-marital property? ☐ YES ☐ NO

If YES, list Petitioner's non-marital property: _____

b. Does Respondent have non-marital property? ☐ YES ☐ NO ☐ UNKNOWN

If YES, list Respondent's non-marital property: _____

33. Cash & Accounts – Not including Pension and Employer-Funded Retirement Accounts

Does Petitioner have money in banks, savings, cash or investments? ☐ YES ☐ NO

Does Respondent have money in banks, savings, cash or investments? ☐ YES ☐ NO ☐ UNKNOWN

If YES,

a. List all accounts owned by one spouse alone or owned by both spouses jointly including those opened after separation. “Type of account” means checking, savings, money market accounts, certificates of deposit, stocks, bonds, stock options, mutual funds, savings bonds, and Treasury Bills, etc. Use Confidential Information Form 11.1 (CON111) to list Financial Institution name, account holder name(s), and account numbers.

Do not include Pension or Employer-Funded Retirement Accounts, which are listed at #37.

Financial Institution	Type of Account	Amount	Belongs to: (name on account)
		\$	
		\$	
		\$	
		\$	
		\$	

b. List cash not listed at a.:

Petitioner has cash in the amount of \$_____.

Respondent has cash in the amount of \$_____ OR ☐ UNKNOWN.

34. Business Interest

Does Petitioner have an interest in a business? ☐ YES ☐ NO

Does Respondent have an interest in a business? ☐ YES ☐ NO ☐ UNKNOWN

If YES, the name of the business is _____, the address is _____

and the value is \$_____. This value is based on: _____

35. Manufactured Home

Does Petitioner own a manufactured home? ☐ YES ☐ NO

Does Respondent own a manufactured home? ☐ YES ☐ NO ☐ UNKNOWN

If either Petitioner or Respondent own a manufactured home, together or separately, complete the following information:

- a. Address of the manufactured home: _____
in the city of _____, state of _____
- b. What type of home is it? (single, double-wide etc.) _____
- c. Whose name(s) is on the title? _____
- d. When was the home purchased? _____
- e. What was the purchase price? \$ _____
- f. What is the current values of the home? \$ _____
- g. How did you arrive at that amount as the current value? _____

- h. How much money is still owed on the home? \$ _____
- i. If money is owed on the home, who is the money owed to? _____
- j. Do you own the land the home sits on, or do you rent a lot? ☐ Rent ☐ Own
Note: If you own the lot, you must list the land at Paragraph 36.

36. Real Property - Land, Buildings, Contracts for Deed

All real property now owned by Petitioner or Respondent together or separately must be listed. Include real property acquired before the marriage, during the marriage, and after separation.

- a. Do Petitioner and Respondent jointly own real property? ☐ YES ☐ NO
- b. Does Petitioner own real property solely in his/her own name or with someone other than Respondent? ☐ YES ☐ NO
- c. Does Respondent own real property solely in his/her own name or with someone other than Petitioner? ☐ YES ☐ NO ☐ UNKNOWN
- d. How many properties are owned by Petitioner and Respondent in total?
☐ None ☐ One ☐ Two ☐ Three ☐ _____

If Petitioner or Respondent own real property, separately or together, complete the following information about the property. If there is more than one piece of real property, photocopy and complete a Real Property Information page for each piece of property. Staple the additional sheets to this Decree, and label each sheet "Attachment to Findings of Fact, Conclusions of Law, Order for Judgment, Judgment and Decree of _____"

(your names)

Real Property Information

1. Real Estate belongs to: (List full names of all owners _____
_____)
2. Legal Description is: (The full legal description **must** be included. Copy the legal description from the deed. Do not use the property tax statement legal description. If the legal description is long, you may use an attachment. Type or print neatly.)

3. Street Address of the real property is: _____
City _____ State _____ Zip Code _____
The property is in _____ County.
4. Purchase date _____ (month , day, year) and purchase price: \$ _____
5. Mortgages or loans: (List all mortgages and loans on the property)
☐ There are no mortgages or loans on this property.
1st Mortgage: Amount currently owed \$ _____ and name of lender _____

2nd Mortgage: Amount currently owed \$ _____ and name of lender _____

Other mortgages or loans: _____

6. Current Market Value of this property: \$ _____
How was this value determined? _____

7. This property is the homestead: _____ Yes _____ No

37. Retirement Plans

- a. Does **Petitioner** have a retirement account? (IRA, 401(k), 403(b) or other)

☐ YES ☐ NO If **YES**: The name of the Financial Institution, account holder name(s), and account number is listed on Confidential Information Form 11.1 (CON111). The current balance is: \$_____

- b. Has **Petitioner**, or Petitioner's past or present employer, union, or other group, paid money into a pension, profit sharing, or other retirement plan for Petitioner?

☐ YES ☐ NO

If **YES**:

- i. The name of the plan is: _____
- ii. The employer, union or group providing the plan is: _____
- iii. The date Petitioner began working at the job or joined the union or group plan is: _____
- iv. The type of plan is: (e.g. defined benefit, defined contribution) _____
- _____
- v. The present value of the pension or plan is: _____

- c. Does **Respondent** have a retirement account? (IRA, 401(k), 403(b) or other)

☐ YES ☐ NO ☐ UNKNOWN

If YES: The name of the Financial Institution, account holder name(s), and account number is listed on Confidential Information Form 11.1 (CON111). The current balance is: _____

- d. Has **Respondent**, or Respondent's past or present employer, union, or other group, paid money into a pension, profit sharing, or other retirement plan for Respondent?

☐ YES ☐ NO ☐ UNKNOWN

If **YES**, and it is a **Pension, Profit-Sharing, or other Retirement Plan**:

- i. The name of the plan is: _____
- ii. The employer, union or group providing the plan is: _____
- iii. The date Respondent began working at the job or joined the union or group plan is: _____
- _____
- iv. The type of plan is: (e.g. defined benefit, defined contribution) _____
- _____

Is this name a former legal name or maiden name? ☐ YES ☐ NO If **NO**, the reason Petitioner wants to change to this name is: _____

- b. Petitioner has no intent to defraud or mislead anyone by changing his/her name:

☐ True ☐ False

- c. Has Petitioner been convicted of a felony? ☐ YES ☐ NO

If **YES**, has Petitioner given notice of this request for name change to the proper authority as required by Minn. Stat. Section 259.13? ☐ YES ☐ NO

Does Respondent want to change his/her name? ☐ YES ☐ NO If **YES**, answer (d) through (f) below:

- d. Respondent's name should be changed to _____
First Middle Last

Is this name a former legal name or maiden name? ☐ YES ☐ NO If **NO**, the reason Respondent wants to change to this name is: _____

- e. Respondent has no intent to defraud or mislead anyone by changing his/her name:

☐ True ☐ False

- f. Has Respondent been convicted of a felony? ☐ YES ☐ NO

If **YES**, has Respondent given notice of this request for name change to the proper authority as required by Minn. Stat. Section 259.13? ☐ YES ☐ NO

40. Other Findings

BASED UPON THE ABOVE INFORMATION, the Court makes the following:

CONCLUSIONS OF LAW

1. The bonds of matrimony between Petitioner and Respondent are dissolved, so they are single and not married.
2. Legal Custody means which parent(s) have a say in the major decisions regarding the child(ren)'s life including education, religious upbringing and medical treatment.

Granting **legal** custody of each minor joint child of the parties as follows:

Name of Child	Granting Legal Custody:
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.

3. Physical custody identifies which parent(s) will handle the routine daily care and control of the child(ren).

Granting **physical** custody of each of the minor joint children of the parties as follows:

Name of Child	Granting Physical Custody:
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.
	<input type="checkbox"/> Solely to Petitioner OR <input type="checkbox"/> Solely to Respondent OR <input type="checkbox"/> Jointly to both parties.

4. Parenting Time

- a. Petitioner's parenting time shall be: ☐ Unsupervised ☐ Supervised ☐ Reserved
- b. Respondent's parenting time shall be: ☐ Unsupervised ☐ Supervised ☐ Reserved
- c. Parenting Time shall be scheduled as follows:

(Clearly explain the time each parent will spend with each child. Include the time (o'clock) when the child will transfer from one parent to the other. If you want the order to say who will pick up and drop off the child, include that under "Other.")

Regular schedule:

Monday through Friday: _____

Weekends: _____

Summer (if you want a different schedule in summer) _____

Telephone contact with the child(ren): ☐ Unlimited or ☐ Only at certain times as follows: (describe the days and times when the parent and child(ren) may have telephone contact) _____

Exceptions to the Regular Schedule:

You can have a different schedule for holidays, school release days, and birthdays. If you do not want a different schedule, leave it blank.

School Release days or breaks during the school year _____

Any school release day schedule will supercede the regular parenting schedule.

Birthdays (child's birthday, parent's birthday) _____

Holidays _____

Any holiday or birthday schedule will supercede the regular and school release parenting schedule.

Other _____

d. Under the above Schedule:

The children are with Petitioner:

- ☐ less than 10% of the time
☐ 10-45% of the time
☐ 45.1-50% of the time
☐ more than 50% of the time

The children are with Respondent:

- ☐ less than 10% of the time
☐ 10-45% of the time
☐ 45.1-50% of the time
☐ more than 50% of the time

5. Basic Support for the Joint Children

(Fill in a or b)

a. ☐ Petitioner ☐ Respondent shall pay to ☐ Petitioner ☐ Respondent
\$ _____ per month starting on (date): _____ as the basic support
obligation for the parties' minor child(ren). Any past due amounts of child support are
still owed.

If this amount is more or less than the basic support obligation under Minnesota laws, the
facts supporting the deviation from the basic amount are: _____

The monthly amount shall be:

☐ subject to income withholding from the payor's income, regardless of source, by his or her employer, trustee, or other payor of funds and mailed to: Minnesota Child Support Payment Center, P.O. Box 64326, St. Paul, MN 55164-0326. If the person paying child support is self-employed, send payments to Minnesota Child Support Payment Center, P.O. Box 64306, St. Paul, MN 55164-0306. **To start income withholding, Petitioner or Respondent must apply for IV-D services or income withholding-only services at the Child Support office in the County where the children live.** Until income withholding starts, the person owing support shall pay the other parent directly.

OR

☐ The monthly amount shall be paid directly by the parent owing the child support to the parent receiving the child support, payable on the _____ day of each month.

b. Child Support shall be reserved because: _____

Either party can ask the court to order the payment of child support in the future by filing a Motion stating that there is a change in circumstances.

6. Health Care Coverage for the Joint Children

Ordering Medical insurance as follows:

☐ a. ☐ Petitioner ☐ Respondent shall provide medical insurance for the joint child(ren) through his/her **employer** or union. The other parent must pay a pro rata share of the health coverage costs by paying _____ OR ☐ pay nothing toward the medical insurance costs because he/she is financially unable to contribute to the costs.

OR

☐ b. ☐ Petitioner ☐ Respondent shall provide **medical** insurance for the joint child(ren) by obtaining and paying for **private insurance**. The other parent must pay a pro rata share of the health coverage costs by paying _____ OR ☐ pay _____

nothing toward the medical insurance costs because he/she is financially unable to contribute to the costs.

OR

☐ c. ☐ Petitioner ☐ Respondent shall pay \$_____per month as reimbursement for Medical Assistance or Minnesota Care, payable by income withholding through the Minnesota Child Support Payment Center, provided Medical Assistance or Minnesota Care is open for the child(ren).

OR

☐ d. Reserving the issue of medical insurance for the minor children.

Ordering **Dental** Insurance as follows:

☐ a. ☐ Petitioner ☐ Respondent shall provide **dental** insurance for the joint child(ren) through his/her **employer or union**. The other parent must pay a pro rata share of the dental coverage costs by paying_____.OR

☐ pay nothing toward the dental insurance costs because he/she is financially unable to contribute to the costs.

OR

☐ b. ☐ Petitioner ☐ Respondent shall provide **dental** insurance for the joint child(ren) by obtaining and paying for **private insurance**. The other parent must pay a pro rata share of the dental coverage costs by paying_____.OR

☐ pay nothing toward the dental insurance costs because he/she is financially unable to contribute to the costs.

OR

☐ c. **Reserving** the issue of dental insurance.

☐ Other: _____

7. Uninsured and Unreimbursed Medical and Dental Expenses for the Joint Children

☐ a. Petitioner shall pay _____ % of the uninsured and/or unreimbursed medical and dental costs for the joint child(ren) of the parties, and Respondent shall pay

_____ % based on the percentage share of combined PICS (parental income for determining child support.)

The parent who paid the bill must ask the other parent to pay his/her percentage share. To ask for payment, send to the other parent a) a copy of the bill, b) evidence that you have paid the bill, and c) a letter requesting payment to you in the amount of \$____. This request for payment should be made promptly, and no later than 3 months after the bill is paid. If a request for payment is made after 3 months, there must be exceptional circumstances to support the late request for payment.

The person receiving the request for payment shall make the payment within 30 days. If there is a good reason to question the payment, send a letter to the other parent stating what additional information is needed, or why payment is disputed. If neither payment nor a written letter disputing payment is sent within 30 days of receiving the request for payment, then the unpaid bill can be considered back due child support.

OR

☐ b. Reserving the issue of uninsured and unreimbursed medical and dental costs.

"Unreimbursed medical and dental costs" are expenses not covered by insurance, not paid by medical assistance, and not paid by the State of Minnesota. Examples include deductibles, co-pays, and procedures not covered by insurance or assistance. Usually the parent with physical custody of the child will receive and pay the bill for the unreimbursed costs.

If the parents are not able to work out payment problems, either parent can bring a motion in Court asking the Court to decide the dispute, or asking the Court to adjust how they divide the bills, based on changes in the incomes of the parents.

8. Health Care Coverage for the Parties

☐ a. Each party shall provide for his or her own ☐ medical ☐ dental insurance.

☐ b. _____(full name) shall provide ☐ medical ☐ dental insurance for _____(full name).

☐ c. Allowing _____ (full name), at his/her own expense, to continue the dependent coverage available under the other party's insurance plan, pursuant to federal and state statutes.

☐ d. Reserving the issue of medical and dental insurance for the parties.

9. Child Care Support

☐ a. Petitioner shall pay \$ _____ per month for child care expenses, and Respondent shall pay \$ _____ per month for child care expenses;

OR

☐ b. Reserving the issue of child care expenses.

10. Spousal Maintenance

☐ a. Neither party is awarded spousal maintenance.

☐ b. Maintenance is reserved because: _____

Either party can ask the court to order the payment of spousal maintenance in the future by filing a Motion stating a change in circumstances.

☐ c. ☐ Petitioner ☐ Respondent shall pay permanent spousal maintenance to the other party in the amount of \$ _____ per month starting on (date): _____. Any past due amounts are still owed.

☐ d. ☐ Petitioner ☐ Respondent shall pay temporary spousal maintenance to the other party in the amount of \$ _____ per month starting on (date): _____ and ending: _____. Any past due amounts are still owed.

The monthly amount of permanent or temporary spousal maintenance shall be:

☐ subject to income withholding from the payor's income, regardless of source, by his or her employer, trustee, or other payor of funds and mailed to: Minnesota Child Support Payment Center, P.O. Box 64326, St. Paul, MN 55164-0326. If the person paying spousal support is self-employed, send payments to Minnesota Child Support Payment

Center, P.O. Box 64306, St. Paul, MN 55164-0306. **To start income withholding, Petitioner or Respondent must apply for income withholding at the Child Support office in their County.** Until income withholding starts, the person owing maintenance shall pay the amount directly to the spouse receiving it.

OR

☐ maintenance shall be paid directly by the spouse owing the maintenance to the spouse receiving it, payable on the _____ day of each month.

11. Vehicles

The vehicles are awarded as follows, and the party receiving the vehicle shall pay for any loans or insurance for such vehicle:

Year / Make / Model	Awarded to:

12. Marital Property

The parties' marital property, household goods, furniture and furnishings are awarded:

☐ a. As currently divided **OR**

☐ b. As follows (add pages if necessary):

To Petitioner: _____

To Respondent: _____

13. Non-Marital Property

The parties' non-marital property is awarded:

☐ a. As currently divided **OR**

☐ b. As follows (add pages if necessary):

To Petitioner: _____

To Respondent: _____

14. Cash and Accounts

a. Awarding the savings and investments as follows:

Institution	Type of Account	Amount	Awarded to
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

b. ☐ Awarding any cash not included in a. above to the party who currently has the cash

OR

☐ Awarding the cash as follows: _____

15. Business

☐ None **OR**

☐ Awarding the parties' **business** as follows: _____

16. Manufactured Home

☐ None **OR**

☐ Awarding the manufactured home located at: _____

street address

city

state

to ☐ Petitioner ☐ Respondent. The debt on the manufactured home owed to: _____
_____ shall be paid by ☐ Petitioner ☐ Respondent.

17. Real Property

☐ None **OR**

☐ Awarding solely to ☐ Petitioner ☐ Respondent all right, title, and interest of husband and wife in the real property located at:

Street address _____
in the City of _____, County of _____,
State of _____, which has the following legal description:

with the following mortgages and loans to be paid, after the divorce is final, by

☐ Petitioner ☐ Respondent:

1st Mortgage: Amount currently owed: \$ _____ and name of lender: _____

2nd Mortgage: Amount currently owed: \$ _____ and name of lender: _____

and subject to the following liens or other conditions or agreements:

☐ A lien in favor of ☐ Petitioner ☐ Respondent in the amount of \$ _____

☐ Other conditions or agreements about the property: _____

18. Additional Real Property

☐ None **OR**

☐ Awarding solely to ☐ Petitioner ☐ Respondent all right, title, and interest of the parties in the real property located at: _____

in the City of _____, County of _____
State of _____, which has the following legal description:

with the following mortgages and loans to be paid, after the divorce is final, by

☐ Petitioner ☐ Respondent:

1st Mortgage: Amount currently owed: \$_____ and name of lender:_____

2nd Mortgage: Amount currently owed: \$_____ and name of lender:_____

and subject to the following liens or other conditions or agreements:

☐ A lien in favor of ☐ Petitioner ☐ Respondent in the amount of \$_____

☐ Other conditions or agreements about the property: _____

19. Retirement Funds

a. Awarding Petitioner's pension, profit sharing, retirement plan, I.R.A., 401(k) or other retirement fund as follows:

☐ 100% to Petitioner **OR**

☐ Other (describe fully): _____

b. Awarding Respondent's pension, profit sharing, retirement plan, I.R.A., 401(k) or other retirement fund as follows:

☐ 100% to Respondent **OR**

☐ Other (describe fully): _____

c. ☐ Neither Petitioner nor Respondent have retirement funds.

20. Debts

- ☐ a. The debts are divided as follows. The person ordered to pay a debt shall hold the other person harmless from any responsibility for the debt.

Debt Owed To:	To Be Paid By:

- ☐ b. Each party is solely responsible for paying any other debts incurred solely by him or her and each party shall hold the other harmless from any responsibility for such separately incurred debts.

21. Name Change

☐ Neither party is requesting a name change. **OR**

☐ Changing Petitioner's name to: _____
First Middle Last

☐ Changing Respondent's name to: _____
First Middle Last

22. Paternity Questions

Check only if applicable:

☐ The Petitioner does not have a parent – child relationship with a child or children named: _____ born to Respondent during the marriage, and Petitioner is not the father.

☐ The issue of paternity of the unborn child of Petitioner is reserved.

☐ The Respondent does not have a parent – child relationship with a child or children named: _____ born to Petitioner during the marriage, and Respondent is not the father.

☐ The issue of paternity of the unborn child of Respondent is reserved.

23. Other: _____

24. Each party shall execute any and all documents necessary to transfer real and personal property as awarded herein without further order of the Court. Should either party fail to execute the necessary documents, a certified copy of the Judgment and Decree shall operate to transfer title as awarded herein.

25. Petitioner shall personally serve Respondent with a copy of the Judgment and Decree by having someone else (the server) hand a copy to Respondent. The server's Affidavit of Personal Service, filed with the Court by Petitioner, will be proof of service. If Respondent agreed in a Marital Termination Agreement to be served with a copy of the Judgment and Decree by mail, then Petitioner may serve Respondent with a copy of the Judgment and Decree by having someone else mail the copy to Respondent by first class U. S. mail at Respondent's residence or last known address. The server's Affidavit of Service by Mail, filed with the Court by Petitioner, will be proof of service. This shall constitute due and proper service of the Decree.

26. NOTICE: APPENDIX A SHALL BE INCORPORATED AND MADE A PART OF THE JUDGMENT AND DECREE. Appendix A contains provisions regarding Payments to Public Agency, Minnesota Statutes § 518A.50; Depriving Another of Custodial or Parental Rights--A Felony, Minnesota Statutes § 609.26; Rules of Support, Maintenance, Parenting Time; Parental Rights from Minnesota Statutes § 518.17, subdivision 3; Wage and Income Deduction of Maintenance and Child Support pursuant to Minnesota Statutes § 518A.53; Change of Address or Residence; Cost of Living Increase of Maintenance and Child Support pursuant to Minnesota Statutes § 518A.75; Judgments for Unpaid Maintenance and Child Support pursuant to Minnesota Statutes § 548.091; Medical Insurance and Expenses pursuant to Minnesota Statutes § 518A.41; and Minnesota

Statutes § 259.115 regarding criminal penalties for failure to comply with felon name change law.

**ORDER FOR JUDGMENT
LET JUDGMENT BE ENTERED IMMEDIATELY.**

The foregoing facts were found
by me after due hearing and the
Order thereon is recommended.

BY THE COURT

District Court Referee

Judge of District Court

Dated: _____

Dated: _____

JUDGMENT

I certify the above *Conclusions of Law* are the Judgment of the Court and Judgment is hereby entered.

Court Administrator

Deputy

Dated: _____